



Photo & Video Consent Form 2011-2012 (Revised)

I/we give permission to Geneva Day School to include photographs, video and/or audio of my child _____ (and family) that may be used in the future for sharing with the School community, marketing, or public relations. I understand that the name(s) of my child/family will not be used, unless specifically requested.

Uses of photo, video and/or audio may include the following. Please check Yes or No for each item as appropriate.

YES NO

___ ___

___ ___ To evaluate a student's progress

___ ___ For assessment of teacher effectiveness

___ ___ To share with parents at class meetings

___ ___ To show professionals in the field of education

___ ___ To record other activities appropriate to the objectives of the School

___ ___ Printed materials for the brochures, postcards, newsletters, yearbooks, etc.

___ ___ Digital communications that are distributed electronically to the Geneva Day School community, such as a the Constant Contact newsletter

___ ___ Geneva Day School website public pages

___ ___ Geneva Day School Facebook page

___ ___ Press releases and other publicity sent for publication in hard copy

___ ___ Press releases and other publicity to be posted on other webpages and/or distributed electronically

Exceptions: _____

Parent/Guardian Signature _____ Date _____